DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street, Ladd Hall Waterbury, VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 871-3317 To Report Adult Abuse: (800) 564-1612 Fax (802) 871-3318

February 15, 2013

Ms. Paula Patorti, Administrator Our House At Park Terrace 48 South Main Street Rutland, VT 05701

Provider #: 0146

Dear Ms. Patorti:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **January 14, 2013**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN

Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/GUPPLIER/CLIA COMPLETED STATEMENT OF DEPICIENCIES IDENTIFICATION NUMBER AND PLAN OF CORRECTION A BUILDING С 01/14/2013 B. WING 0148 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 48 SOUTH MAIN STREET RUTLAND, VT 06701 OUR HOUSE AT PARK TERRACE PROVIDER'S PLAN OF CORRECTION (XG) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX TAG REGULATORY OR LEC IDENTIFYING INFORMATION) DEFICIENCY) TAG This Home had 5 preapproved R100 R100 Initial Comments: Loe Variances issued in 2006 - This resident was The Division of Licensing and Protection variance report conducted an unannounced onsite investigation of a facility-reported death on 1/14/13 to determine compliance with Vermont Residential Care Home Licensing Regulations. Regulatory This resident had a disease deficiencies were cited as a result, one of which that effected her muscles required immediate corrective action to ensure She was cosintively intact and physically well withthe the health and safety of residents of the facility. exception of her weak muscles R101, V. RESIDENT CARE AND HOME SERVICES R101 and the 6-tube, she did not quality as a level 2 resident. SS=D Our staff Cared for this resident for 3,5 years and did it well. 5.1. Eligibility 5.1.a The licensee shall not accept or retain as a resident any individual who meets level of care eligibility for nursing home admission, or who otherwise has care needs which exceed what the Due to this self induced Visit home is able to safely and appropriately provide. DLP has removed our pre-appeared RIDI This REQUIREMENT is not met as evidenced Level of CARE Variances Herefore by: We will submit a Loc Varance Based on staff interview and record review, the regular for any as ident whos Needs appear outside the level facility accepted and retained a resident (Resident #1) whose care needs exceeded what the home is licensed to provide. Findings include: 3 Criteria-· Prior TO Admission or as Status changes occur that Per record review on 1/14/13 at 9:50 AM, warrant a request per regulation. Resident # 1 was receiving feedings and medications via a gastrostomy (G) tube with the eadministrator will monitor essistance and involvement of staff, which New applicants - RN's and constitutes nursing care as defined by the manager will identify status regulations. Review of the Medication changes as they occur and Administration records showed that the resident will report to Administrator did Indeed receive medications via the G-tube. to request LOC Variance from Physician progress notes and the Resident's plan of care indicated that the Resident received tube feeding. At 11:66 AM on 1/14/13, the facility DIP. Administrator confirmed that the resident (X8) DATE Dintelon of Licensing and Protection

LABORATORY DIRECTOR OF DROVIDENSHIP LEW REPRESENTATIVES SIGNATURE

STATE FORM

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R101	Continued From p	oage 1 ons and nutrition via	a G-tube.	R101	"Note 5.2, Paragraph 3 wrong"	date is		
R110 SS≖E		ARE AND HOME SE	RVICES	R110	Residents Code status of is represented or residents binder	s or lack		
	5.2 Admission	;			Of is represented residents binder	Spine -		
determine if the resident has any form of directive and exptain the resident's right ustate law to formulate, or not to formulate advance directive. Any change of rate or shall be preceded by a thirty (30) day writh notice to the resident and the resident's like representative, if any. This REQUIREMENT is not met as evidence of sallity failed to determine if 5 of 9 residence advance directives (Residents # 1, 3, 4, Findings include: Per record review on 1/4/13 at 11:00 AN above 5 residents had possidence of addirectives on file. The facility Administration of this at 11:08 AM. R126 V. RESIDENT CARE AND HOME SERVENCE.				ļ	mailed letters to all the mailed reps encouraged to review Advance Difference or to Consider of applicable. • Established binder the and educated Statisfied of the code	amilies/ ng them rectives in ter a DNR reging thow to rus at a this at a this restricts mission so this rectives mission so	1/21/13	
	residential care	are resident's admission home, necessary a arranged to meet the hosocial, nursing and	a resident's	ne .				

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OUR NO	ARE ME I MICH. LEIM.		KOIDAIA		PROVIDER'S PLAN OF CORRECT	TION	()(5)
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R126	Continued From pa			R126	Note - in this "Summar States of the RN stated the drive to the Facility was 45 minutes" This should be 25	tttle scappress.	
	by: Based on staff into facility failed to pro meet the medical	INT is not met as everyiew and record re- ovide necessary servineeds of Resident# d unresponsive. Find	view the ices to		As the previous Senter Paragraph state the received a Call at a and pronounced the reat 2:45 tm - 11	EN	
	dld not notify the I (EMS) or initiate ((CPR) after findin deceased. Per a l a caregiver found his/her room and nureing note by a dated 1/7/13 at 2: was assessed by respiratory rates pale. Rigor Mortis the resident dece	on 1/14/13 at 9:50 A Emergency Medical Scardiopulmonary Resign Resident #1 apparaursing note 1/7/13 at Resident #1 in a recident had "passed feellity Registered New York and found without Skin was cool to tour had started. RN propaged at 2:45 AM.	System auscitation ently at 2:15 AM, dilner in d away", A urse (RN) desident #1 ut heart or ch and mounced	R-126	on the binder spirse Streff has been inform now to know the Cook instant— Death policy has be to Cay 911 before In Such a case.	the IRN	1/21/13
	directives on file Resuscitate (DNI 1/14/13 at 10:45 that Resident #1 there was no DN confirmed that th and EMS was no facility RN on 1/1 received a call fr approximately 2: #1 had died. The facility Administr for the RN to con	w, the resident had he and there was no Do R) order in the clinical AM, the Administrator had no advanced direct called. Per Interview 4/13, the RN stated or the caregiver at 15 AM on 1/7/13 stated RN stated of the contact and the decision me to the facility and a stated that the driver.	Not al record. On a record, On a rectives and strator also nitiate CPR w with the s/he ting Resident tacted the a was made assess the		Administrator u monitor for amp	hance -	

of Licensing and Pro	tection	,			AM DATE SUR	VEY
TATEMENT OF DEFICIENCIES ND PLAN OP CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		COMPLETED C 01/14/2013		
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/EACH RESIDENC	Y MILRY RE PRECEDED B	Y FULL 1	PREFIX TAG	ICACH CORRECTIVE ACTIO	M SHONFD RF 1	COMPLETE DATE
Continued From particularly was approximated that neighbor of an advanced divise to be initiated confirmed that neighbor of death, can advise whether to the confirmed that neighbor of death, can advise whether to the confirmed that the meident and the medication of the confirmed to the confirme	age 3 Amatelly 45 phinutes. It it was his/her belle rective or DNR order and EMS called. The ither of these happer olicy states that if a ceased, check pulse find one, or there are in RN Immediately! The immed	r that in ileu r that CPR ne RN ned. The resident is it it's re obvious the RN will RVICES resident is resident in a variance avenous illy catheter e ill or IV gs. evidenced review the resident include: AM, and ube with the Review of da showed medications		LOC Variance reg be submothed for resident whose in warrant such of Prior to admitting in question or to a resident who would warrant request. Administrator monitor with status meeting manager and RIOI, RION + RIYD	retain se status - such a well weetly se between RN POC'S occepted	1/21/13
	ROVIDER OR SUPPLIER SUMMARY BT (EACH DEFICIENCE REGULATORY OR Continued From p facility was approx The RN stated that of an advanced di was to be initiated confirmed that ne facility's "Death Po found possibly de weak, you cannot signs of death, ca advise whether to V. RESIDENT CA 5.8 Level of Care 5.9.b The following a residential care granted by the lic therapy; ventilated from the Required by: Based on staff in facility admitted resident with a fi from the Licensi Per record revie Resident #1 was medications via assistance and that the resident via the G-lube.	SUMMARY BTATEMENT OF DEFICIENCY (EACH DEFICIENCY MLET BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMATION WAS APPROXIMATED BY THE REGULATORY OR LSC IDENTIFYING INFORMATION WAS APPROXIMATED BY THE REGULATORY OR LSC IDENTIFYING INFORMATION WAS APPROXIMATED BY THE REGULATORY OR LSC IDENTIFYING INFORMATION WAS APPROXIMATED BY THE REGULATORY OR LSC IDENTIFYING INFORMATION OR LSC IDENTIFYING INFORMATI	OTO DEFICIENCIÉS P CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER O148 ROVIDER OR SUPPLIER USE AT PARK TERRACE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGILATORY OR USC IDENTIFYING INFORMATION) Continued From page 3 facility was approximately 45 phinutes. The RN stated that it was his/her belief that in lieu of an advanced directive or DNR order that CPR was to be initiated and EMS called. The RN confirmed that neither of these happened. The facility's "Death Policy" states that if a resident is found possibly deceased, check pulse. If it's weak, you cannot find one, or there are obvious signs of death, call RN Immediately! The RN will advise whether to call 911. V. RESIDENT CARE AND HOME SERVICES 5.9.b The following services are not permitted in a residential care home except under a variance granted by the licensing agency: intravenous therapy, ventilators or respirators; delly catheter irrigation; reeding tubes; care of stage Ill or IV decubitus; suctioning; sterile dressings. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility admitted and provided services to a resident with a feeding tube without a variance from the Licensing agency. Findings include: Per record review on 1/14/13 at 9:50 AM, Resident # 1 was receiving feedings and medications via a gastrostorny (G) tube with the assistance and involvement of staff. Review of the Medication Administration records showed with the Clube. Physician progress notes and the via the G-lube. Physician progress notes and the provided and the care and the provided progress notes and the provided progress notes and the provided progress notes and th	CONTRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0148 STREET ADDRESS, CITY, ST 48 SOUTH MAIN STREE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USC IDENTIFYING INFORMATION) Continued From page 3 Facility was approximately 45 phinutes. The RN stated that it was his/har belief that in lieu of an edvanced directive or DNR order that CPR was to be initiated and EMS called. The RN confirmed that neither of these happened. The facility's "Death Policy" states that if a resident is found possibly deceased, check pulse. If it's weak, you cannot find one, or there are obvious signs of death, call RN Immediately! The RN will advise whether to call 911. V. RESIDENT CARE AND HOME SERVICES 5.9.b The following services are not permitted in a residential care home except under a variance granted by the licensing agency: intravenous therapy; ventilators or respirators, daily catheter irrigation; feeding tubes; care of stage III or IV decubitus; suctioning; sterile dressings. This REQUIREMENT is not met as evidenced by: Besed on staff interview and record review the facility admitted and provided services to a resident with a feeding tube without a variance from the Licensing agency. Findings include: Per record review on 1/14/13 at 9:50 AM, Resident # 1 was receiving feedings and medications via a gastrostomy (G) tube with the assistance and involvement of staff. Review of the Medication Administration records showed that the resident did indead receive medications via the G-lube. Physician progress notes and the	OX) MULTIPLE CONSTRUCTION A BUILDING BOYUDER OR SUPPLIER ROYUDER OR SUPPLIER BUSE AT PARK TERRACE SUMMARY ETATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE REGULATORY OR LSC (IDENTIFYING INFORMATION) R128 R129 R128 R129 R140 R141 LOC Variance (Each Summariance) (Each Corrective Action) (Each Cor	OCOMPLETION OF THE PROVIDENCE OF THE PROPERTY OF DEFICIENCES OF DEFICIENCY MAY BE SUBJUNION OF CONFIDENCE OF THE PROPERTY OF DEFICIENCE OF THE PROPERTY OF DEFICIENCY OF THE PROPERTY OF DEFICIENCY OF THE PROPERTY

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R142	R142 Continued From page 4 1/14/13, the facility Administrator confirmed that the resident received medications and nutrition via a G-tube.			R142			1	
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